Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Parti	Allilual Repor	t identification information							
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018				
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (F mployer information in acc	_				
D		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC program	n			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-digit				
STOK FOLK	K & KON CASH BALA	ANCE PLAN			plan numb	er			
				_	(PN) ▶	002			
					1c Effective da	ate of plan			
						01/01/2017			
		loyer, if for a single-employer plan)	·		2b Employer le	dentification Number			
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		ructions)	, ,	65-1072427			
STOK FOLK		ice, country, and zir or foreign pos	tai code (ii foreign, see insi	i delloris)		telephone number 5-935-4440			
				-		ode (see instructions)			
	BROWARD BOULEV			541110					
SUITE 905 FT. I AUDER	RDALE, FL 33301								
3a Plan a	administrator's name	and address 🔀 Same as Plan Spo	nsor.		3b Administrat	or's EIN			
				-	3c Administrat	ar'a talanhana numbar			
					3C Administrat	or's telephone number			
4 16.0					41				
		he plan sponsor or the plan name honsor's name, EIN, the plan name;			4b EIN				
a Spons	sor's name	•	•	·	4d PN				
C Plan N	Name								
		ts at the beginning of the plan year.		F	5a	12			
		ts at the end of the plan year			5b	10			
		n account balances as of the end of		-	5c				
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year	·····	5d(1)	12			
d(2) Tot	tal number of active p	participants at the end of the plan ye	ar		5d(2)	10			
		o terminated employment during th			5e	3			
		e or incomplete filing of this retur			se is establishe	d.			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.							
SIGN	Filed with authorize	d/valid electronic signature.	09/12/2019	ROBERT A. STOK					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN									
HERE	HERE Signature of employer/plan sponsor Date Enter name of individe				idual signing as employer or plan sponsor				

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			es No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes X		etermined tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning				(b) E	End of Year	
<u>a</u>	Total plan assets	7a	3	84369	_			59462	
	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c	3	84369				59462	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	3	00000					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	83866					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21613	4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		5876					
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							587	6
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	ubtract line 8h from line 8c)						21025	8
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension ${\color{red}^{1}}{}{}{}{}{}{}{$	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the i	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		L			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter r _ Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

To the bead of improved gar. It is a farget in this status for fewer than five consecutive years and disregarding loading factor. Part I bead of rever than five consecutive years and disregarding loading factor. D Employer Identification Number (EIN) 65-1072427 E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets:		File as an att	tachment to Form	5500 or 5500-	-SF.			
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan STOK FOLK & KON CASH BALANCE PLAN B Three-digit plan number (PN) 002	For calendar plan year 2018 or fiscal plan	n year beginning 01/01/20	018		and ending	g 12/3 ²	1/2018	
A Name of plan STOK FOLK & KON CASH BALANCE PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STOK FOLK & KON, PA C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STOK FOLK & KON, PA C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STOK FOLK & KON, PA C Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value	▶ Round off amounts to nearest dolla	ar.						
To the bead of improved gar. It is a farget in this status for fewer than five consecutive years and disregarding loading factor. Part I bead of rever than five consecutive years and disregarding loading factor. D Employer Identification Number (EIN) 65-1072427 E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets:	▶ Caution: A penalty of \$1,000 will be a	assessed for late filing of this re	eport unless reason	able cause is	established	i.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STOK FOLK & KON. PA E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets:	A Name of plan			В	Three-dig	jit		
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value. b Actuarial value. 2 Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. b Actuarial value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan: 2 Day 31 Year 2018 2 Assets: a Market value. c Type of plan size: 100 or fewer 1 101-500 More than 500 2 Day 3137 3 Funding target/participants and beneficiaries receiving payment. d Type of plan size: 2 Day 3137 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 5 5.46 % 6 136473 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable by and regulations, in my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	STOK FOLK & KON CASH BALANCE	: PLAN			plan num	ber (PN)	•	002
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value. b Actuarial value. 2 Type of plan: 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Assets: a Market value. 2 Type of plan: 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Assets: a Market value. 2 Type of plan: 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Assets: 2 Type of plan: 3 Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 2 Type of plan: 3 Single Multiple-B F Prior year plan size: 100 or fewer 1 101-500 More than 500 2 Type of plan: 3 Single More than 500 3 Type of plan size: 100 or fewer 1 101-500 More than 500 4 Type of plan size: 101-500 More than 500 4 Type of plan size: 101-500 More than 500 4 Type of plan size: 101-500 More than 500 5 Type of plan size: 101-500 More than 500 5 Type of plan size: 101-500 More than 500 5 Type of plan size: 101-500 More than 500 5 Type of plan size: 101-500 More than 500 6 Type of plan size: 101-500 More than 500 6 Type of plan size: 101-500 More than 500 6 Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More than 500 F Type of plan size: 101-500 More								
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E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: 2 2 283137 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment (2) Vested Funding Target Target Target Target Target (2) For active participants and beneficiaries receiving payment (1) Number of participants (2) Vested Funding Target Target (3) Total Funding Target (4) O O O O O O O O O O O O O O O O O O O	•	24 011 01111 0000 01 0000 01			Linployer			()
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value						00 1077	_1_1	
1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value	E Type of plan: Single Multiple-A	A Multiple-B	F Prior year pla	ın size: X 100	or fewer	101-5	00 More th	an 500
Assets: a Market value	Part I Basic Information							
a Market value	1 Enter the valuation date:	Month 12 Day 3	31 Year <u>20</u>	18				
b Actuarial value 2b 283137 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding Target (3) Total Funding Target a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Assets:							
Funding target/participant count breakdown (1) Number of participants (2) Vested Funding Target (3) Total Funding Target a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a Market value					2a		283137
a For retired participants and beneficiaries receiving payment	b Actuarial value					2b		283137
b For terminated vested participants	3 Funding target/participant count bre	akdown		` '				
C For active participants	a For retired participants and benef	iciaries receiving payment			0		0	0
C For active participants	b For terminated vested participants	S			0		0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			F		10		0	381947
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	d Total				10		0	381947
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 5 5.46 % 6 Target normal cost. 6 Target normal cost. 6 196473 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.				П				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	•	. , ,	, ,			4a		
at-risk status for fewer than five consecutive years and disregarding loading factor								
6 Target normal cost						4b		
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accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	Statement by Enrolled Actuary						. =	
	accordance with applicable law and regulations. In	my opinion, each other assumption is re-						
		experience under the plan.						
	SIGN							
HERE 08/08/2019					-			9
Signature of actuary Date		gnature of actuary						_
ROBERT I. BOSTIAN, JR. 17-01255	· · · · · · · · · · · · · · · · · · ·				-			
Type or print name of actuary Most recent enrollment number		r print name of actuary				Most re		
THE PENSION STUDIO 866-497-5501	THE PENSION STUDIO							
Firm name Telephone number (including area code) 1226 OMAR ROAD		Firm name			I e	lephone i	number (includ	ing area code)
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405							
Address of the firm		Address of the firm						
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	If the actuary has not fully reflected any reginstructions	gulation or ruling promulgated u	under the statute in	completing th	is schedule	e, check t	he box and see	е [

Page 2 -	1
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Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding E	Bala	nces							
					<u> </u>			(a) C	arryover baland	ce	(b) F	refundir	ng balance	
7		•			able adjustments (line 13 f					0			0	
8				•	nding requirement (line 35					0			0	
9	Amount i	remaining	g (line 7 minus line	8)						0		0		
10	Interest of	on line 9 i	using prior year's a	actual retu	rn of <u>0.00</u> %					0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								21183	
	b(1) Into	erest on t	he excess, if any,	of line 38a	over line 38b from prior your interest rate of	ear							0	
	` '		•	•	edule SB, using prior year's								0	
					ar to add to prefunding balan								21183	
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other red	ductions i	n halances due to	elections	or deemed elections					0			0	
										0			0	
							<u> </u>							
	art III		ding Percenta	<u> </u>								14	74.400/	
													74.12%	
					£ -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							15	102.80%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						16	80.00%							
17					less than 70 percent of the							17	%	
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18					ar by employer(s) and emp	ployee								
(1	(a) Date MM-DD-Y		(b) Amount page employer(-	(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount employ		(0	Amour emplo	nt paid by oyees	
0	4/16/2018	3		300000										
						_								
						To	otals ▶	18(b)		30000	0 18(c)		0	
19	Discount	ed emplo	yer contributions	see instr	uctions for small plan with	a valı	uation dat	e after the	beginning of th	e year:				
	a Contril	butions a	llocated toward ur	paid minin	num required contributions	s from	n prior yea	rs		19a			0	
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date					19b			0	
	c Contrib	outions all	ocated toward mini	mum requi	red contribution for current y	year a	djusted to	valuation da	ate	19c			311490	
20	Quarterly	contribu	tions and liquidity	shortfalls:										
	a Did the	e plan ha	ve a "funding shor	tfall" for th	e prior year?								Yes X No	
	b If line	20a is "Y	es," were required	quarterly	installments for the current	t year	made in a	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table a	as app	olicable:							
	-	(4)	,		Liquidity shortfall as of e	nd of	quarter of				-	(4)		
		(1) 1s	t		(2) 2nd	+		(3) 3	3rd			(4) 4th		

Б	art V	Accumpti	one Head to	Dotormino	Funding Target and	d Torqui	· Normal (`act		
21	Discount		ons oseu id	Determine	runumy ranger and	ı rarye	l Normai C	<i>,</i> 031		
21	a Segme		1st se	gment:	2nd segment:		3rd s	egment:		
	a oogiii	one rates.	,	3.92%	5.52%			6.29 %		N/A, full yield curve used
	b Applica	able month (er	nter code)						21b	3
22	Weighted	l average retire	ement age						22	63
23	Mortality	table(s) (see	instructions)	Prior regulation	: Prescribed	- combine	ed Pr	escribed	- separat	e Substitute
				Current regulat	ion: X Prescribed	- combine	ed Pr	escribed	- separat	e Substitute
Pa	art VI	Miscellane	ous Items		<u> </u>					
				rescribed actua	rial assumptions for the cu	rrent nlan	vear? If "Ve	s " see ir	etructions	regarding required
		-					-			
25	Has a me	ethod change l	been made for t	he current plan	year? If "Yes," see instru	ctions rega	arding require	ed attach	ment	Yes X No
26	Is the pla	n required to p	orovide a Sched	Iule of Active Pa	articipants? If "Yes," see in	nstructions	s regarding re	quired a	ttachmen	tYes 🛚 No
27		•	alternative fund	-	applicable code and see i	nstructions	s regarding		27	
P	art VII	1			m Required Contrib	utions	For Prior	Years	I	
28	Unpaid m	ninimum requir	red contributions	s for all prior ye	ars				28	0
29					npaid minimum required c				29	0
30	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)						30	0		
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target n	ormal cost and	d excess assets	(see instruction	is):					
	a Target	normal cost (li	ne 6)						31a	196473
	b Excess	assets, if app	olicable, but not	greater than line	e 31a				31b	0
32	Amortiza	tion installmen	nts:				Outstand	ing Balar	nce	Installment
	a Net sho	ortfall amortiza	ation installment						98810	16131
								1	0	0
33	If a waive (Month _				the date of the ruling lette) and the waived amo				33	
34	Total fund	ding requireme	ent before reflec	cting carryover/p	orefunding balances (lines	31a - 31b	+ 32a + 32b	- 33)	34	212604
					Carryover balance		Prefundi	ng balan	се	Total balance
35			se to offset fund	-		0			0	0
36	Additiona	l cash require	ment (line 34 m	inus line 35)					36	212604
37				•	ribution for current year ac	•		,	37	311490
38	Present v	alue of excess	s contributions f	for current year	(see instructions)			<u>l</u>		
	a Total (e	excess, if any,	of line 37 over l	line 36)					38a	98886
	b Portion	included in lin	ne 38a attributal	ble to use of pre	funding and funding stand	lard carryo	over balances	3	38b	0
39	Unpaid m	ninimum requir	red contribution	for current year	(excess, if any, of line 36	over line :	37)		39	0
40	Unpaid m	ninimum requir	red contributions	s for all years					40	0
Pa	rt IX	Pension	Funding Re	lief Under P	ension Relief Act of	2010 (S	See Instru	ctions)	
41	If an elec	tion was made	to use PRA 20	10 funding relie	f for this plan:					
	a Schedu	ıle elected								2 plus 7 years 15 years
	b Eligible	plan year(s) f	for which the ele	ection in line 41a	a was made				20	08

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

	For Funding <u>Min</u> <u>Max</u>	For 417(e)	For Actuarial Equiv.		
Interest Rates	Seg 1: 3.92% 2.28%	Seg 1: 1.96%	Pre-Retirement: 5.00%		
	Seg 2: 5.52% 3.81%	Seg 2: 3.58%	Post-Retirement: 5.00%		
	Seg 3: 6.29% 4.46%	Seg 3: 4.35%			
Applicable Date	09/2018 09/2018	09/2017			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality	Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female	2018 Applicable Mortality Table from Notice 2017-60	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F		
Assumed Benefit Form l	For Funding	Lump Sum			
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant		
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		
Calculated Effective Into	erest Rate	5.46%			
Cash Balance Projected	Interest Crediting Rate	5.00% annual rate			
		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information	n accordance with the in	structions to the Form	5500-SF.	
For calendar plan year 2018 or	fiscal plan year beginning 01/01/20	018	and ending 12	/31/2018	
A This return/report is for: B This return/report is	a single-employer plan a one-participant plan the first return/report	a multiple-employer list of participating a foreign plan the final return/report	plan (not multiemployer) employer information in a	(Filers checking the coordance with the coordance w	his box must attach a e form instructions.)
	an amended return/report	_	turn/report (less than 12 r	months)	
C Check box if filling under:	X Form 5558 special extension (enter desc	automatic extension		DFVC progra	m
Part II Basic Plan Int 1a Name of plan	formation—enter all requested in	nformation			
Stok Folk & Kon Cash Balance F	Plan			1b Three-digi plan numb (PN) ▶	oer 002
_				1c Effective d 01/01/201	
City or town, state or proving	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	O. Box) tal code (if foreign, see in:	structions)		dentification Number
Stok Folk & Kon, PA		(variety of the	ou doubles)	(telephone number 305) 935-4440
One East Broward Boulevard Suite 905 Ft. Lauderdale, FL 33301	and address X Same as Plan Spor			2d Business of 541110	ode (see instructions)
4 If the name and/or FIN of the				3c Administrat	tor's telephone number
this plan, enter the plan sp a Sponsor's name	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	as changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN	
C Plan Name				4d PN	
5a Total number of participants	s at the beginning of the plan year			5a	12
b Total number of participants	s at the end of the plan year		NACO POR SHIP	5b	10
complete this item)	account balances as of the end of t	the plan year (only define	d contribution plans	5c	
d(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	12
e Number of participants who	articipants at the end of the plan yea o terminated employment during the	ar		5d(2)	10
man 100% vested				5e	3
Under penalties of perjury and or	ther penalties set forth in the instruc-	tions I declare that I have	unless reasonable car		
SIGN HERE		9/12/19	Robert A. Stok	97-01-1986	
Signature of plan a	ıdministrator	Date / IF	Enter name of individ	ual signing as plan	administrator
HERE Signature of emplo	ver/nlan enonecr	Dete			
For Paperwork Reduction Act Notice	ce, see the instructions for Form 5500-	-SF.	Enter name of individe	ual signing as emp	bloyer or plan sponsor

Form	5500-SF	(2018
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Page 2

	under 29 CFR 252	n's assets during the plan year invested in eligi waiver of the annual examination and report of 0.104-46? (See instructions on waiver eligibility	f an independ	See instructions.) lent qualified public	accour	ntant (QPA)		Yes No
		0.104-46? (See instructions on waiver eligibility No" to either line 6a or line 6b, the plan can							X Yes No
C	ii trie plan is a defin	led benefit plan, is it covered under the PBGC i	nsurance pro	oram (see FRISA	eaction	40241	DV	17 [Not determined
	ii ree is checked,	enter the My PAA confirmation number from the	he PBGC pre	emium filing for this	plan ye	ar			(See instructions.)
Pa	rt III Financia	l Information							
7	Plan Assets and Lia	abilities		(a) Beginning	of Vac			(b) F., d.	
_ a	Total plan assets		. 7a	(-) - 0 9 11111119	3843	0.3500		(b) End o	594627
b	Total plan liabilities		. 7b			0			0
<u>C</u>	Net plan assets (su	btract line 7b from line 7a)	7c		3843				
8	Income, Expenses,	and Transfers for this Plan Year		(a) Amou		-			594627
a	Contributions receiv	red or receivable from:		(a) Amou	· ·			(b) To	tal
	(1) Employers		8a(1)		3000	00			
	(2) Participants		8a(2)						
	(3) Others (includin	g rollovers)	8a(3)						
0	Other income (loss)		8b		-838	66			
	Total income (add li	nes 8a(1), 8a(2), 8a(3), and 8b)	8c						216134
d	to provide benefits).	ling direct rollovers and insurance premiums	8d						
e		l/or corrective distributions (see instructions)	8e						
	f Administrative service providers (salaries, fees, commissions)				5876				
g	g Other expenses								
h	Total expenses (add	lines 8d, 8e, 8f, and 8g)	8h			7714			5876
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								
j	Transfers to (from) ti	ne plan (see instructions)	8i 8j						210258
Par	t IV Plan Char		0						
9a		pension benefits, enter the applicable pension	feature code	s from the List of Pl	lan Cha	racteri	stic Codes	in the instruc	ctions:
b	If the plan provides	welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acteris	tic Codes in	n the instruct	ions:
Par	V Complian	ce Questions							
10	During the plan year	ar:				Yes	No	-	
а	described in 29 CF	to transmit to the plan any participant contribut R 2510.3-102? (See instructions and DOL's Volume 1000)	oluntary Eidu	oion. Come etter		163	X	Am	ount
b	vvere there any nor	nexempt transactions with any party-in-interest? a.)	(Do not inal	uda tasas satta	10a	7	х		
C	Was the plan cover	red by a fidelity bond?				Х			500000
d	Did the plan have a	loss, whether or not reimbursed by the plan's t	fidelity band	that was saveral	10c	^	x		500000
е	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)						х		
f	Has the plan failed t	to provide any benefit when due under the plan	?		10e		х		
g		ny participant loans? (If "Yes," enter amount as					×		
h	If this is an individua 2520.101-3.)	al account plan, was there a blackout period? (S	See instruction	ns and 29 CFR	10g 10h		^		2000
i	2520.101-3.)								

Form	5500-SF	(0040)
COLL	2200-2L	(2018)

man and a	
Page 3-	1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)		SB	N	Yes N
11a	- The state of the				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		of		0 Yes ☒ N
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver.	d enter	the date	of the lette	er ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Da	у	Year	
b	Enter the minimum required contribution for this plan year	12b	T		
C	Enter the amount contributed by the employer to the plan for this plan year	12c			-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a Will the minimum funding amount constitution in the left of a	12d			-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	T No.	1
Part \	/II Plan Terminations and Transfers of Assets		res	No	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes	X N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	40-	1 163		0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	13a	I	Yes X	l No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			140
13	3c(1) Name of plan(s):				
	13c(2)	FINI(e)		49-/0	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Frie as an attachin	nent to Form 5500 of 5500-SF.			
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending	12/3	31/2018	
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report of the country of	unless reasonable cause is established	1.		
A Name of plan	B Three-dig	jit		002
Stok Folk & Kon Cash Balance Plan	plan num	ber (PN)	•	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Stok Folk & Kon, PA	D Employer 65-1072427	Identifica	ation Number (E	in)
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size: X 100 or fewer	101-	500 More th	an 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31	Year 2018			
2 Assets:				
a Market value		2a		283137
b Actuarial value		2b		283137
3 Funding target/participant count breakdown	(1) Number of participants	4 .	sted Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0		0	0
b For terminated vested participants	0		0	0
C For active participants	4.0	0		381947
d Total	10	0		381947
4 If the plan is in at-risk status, check the box and complete lines (a) and	[-]			
a Funding target disregarding prescribed at-risk assumptions		4a	T	
b Funding target reflecting at-risk assumptions, but disregarding transiti at-risk status for fewer than five consecutive years and disregarding k		4b		
5 Effective interest rate		5		
6 Target normal cost		6		196473
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is researed combination, offer my bost estimate of anticipated experience under the plan.	alex, statements and attachments, if any, is complete ble (bring into account the experience of the plan a	e and accur nd reasona	ale. Each precaibed ble expectations) an	d assumption was applied in d such other scoumptions, in
HERE Mohn b Buting		૪/¥	12019	
Signature of actuary			Date	
Robert I. Bostian, Jr.			17-01255	
Type or print name of actuary		Most	recent enrollme	
The Pension Studio			(866) 497-55	01
Firm name 1226 Omar Road	Te	elephone	number (includ	ling area code)
West Palm Beach, FL 33405				
Address of the firm				

year)	Beginning of Year C	arryover and	Pretunding B	alances						
year)	-				(a) Ca	(a) Carryover balance (b) Prefunding to) balance
8 Portion	at beginning of prior year after						0			0
	elected for use to offset prior						0			0
9 Amount	remaining (line 7 minus line 8)					0			0
10 Interest	on line 9 using prior year's ac	tual return of	0.00 %				0			0
11 Prior ye	ar's excess contributions to be	added to prefund	ting balance:	196					Editor.	
a Prese	ent value of excess contributio	ns (line 38a from p	prior year)							21183
b(1) In	terest on the excess, if any, o chedule SB, using prior year's	f line 38a over line effective interest	38b from prior ye rate of5.55	ar %						0
	terest on line 38b from prior y			170.20						
C Total:	available at beginning of curren	plan year to add to	o prefunding balanc	е			SHALL			21183
d Portic	on of (c) to be added to prefun	ding balance								0
12 Other n	eductions in balances due to o	lactions or deems	d elections	1000	The section of		0			0
	at beginning of current year						0			0
POPULATION AND ADDRESS OF THE PARTY OF THE P	63		ine 110 - mie 12)							
Part III	Funding Percentag								14	74.12 %
	target attainment percentage								15	102.80 %
16 Prior ye	d funding target attainment pe er's funding percentagé for pu unding requirement	rposes of determi	ining whether carr	yover/prefundin	g balance:	s may be used to	o reduce c		16	80.00 %
	urrent value of the assets of th								17	%
	90.			9 9 9						
Part IV	Contributions and			Invane-						
(a) Da	utions made to the plan for the te (b) Amount pai		mount paid by	(a) Dat	te	(b) Amount p	paid by	(c) Amoun	t paid by
(MM-DD-Y		, , , , ,	employees	(MM-DD-Y	YYY)	employer	(8)		emplo	yees
04-16-20	18	300000								
				Totals ►	18(b)		300000	18(c)		(
19 Discour	nted employer contributions -	see instructions fo	or small plan with	a valuation date	after the b	oeginning of the	year:			
	ributions allocated toward unp	aid minimum requ	aired contributions	from prior year	5		19a			
	ributions made to avoid restric	tions adjusted to	valuation date				19b			(
a Cont	ributions allocated toward minin	num required contri	bution for current y	ear adjusted to v	valuation da	te	19c			311490
a Cont b Cont		hortfalls:					83			
a Cont b Cont c Cont	rly contributions and liquidity s									
a Cont b Cont c Cont 20 Quarter	,		ear?							Yes X No
a Cont b Cont c Cont 20 Quarter a Did t b If line	the plan have a "funding short e 20a is "Yes," were required	fall" for the prior ye quarterly installme	nts for the current	year made in a						Yes X No
a Cont b Cont c Cont 20 Quarter a Did t b If line	he plan have a "funding short	fall" for the prior yo quarterly installme s and complete th	nts for the current e following table a	year made in a s applicable:	timely ma	nner?				
a Cont b Cont c Cont 20 Quarter a Did t b If line	the plan have a "funding short e 20a is "Yes," were required	fall" for the prior yo quarterly installme s and complete th	nts for the current e following table a ty shortfall as of e	year made in a s applicable:	timely ma	nner?				Yes No

Р	art V	Assumption	ns Used to Determin	Funding Target and Targ	get Normal Cost		
21	Discount	rate:					
	a Segm	ent rates:	1st segment: 3.92 %	2nd segment 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used
	b Applica	able month (ente	er code)			21b	3
22	Weighted	d average retiren	nent age			22	63
23	Mortality	table(s) (see in:	structions) Prior regulation	nn: Prescribed - comb	nined Prescribed	- separate	Substitute
	,			ation: R Prescribed - comb	oined Prescribed	- senarati	Substitute
OR LO	on deed		Current regul	ation: M Prescribed - come	orned Prescribed	- separan	S Substitute
Pa	art VI	Miscellaneo	us Items				
24			-	arial assumptions for the current p	-		
25	Has a me	ethod change be	en made for the current pla	n year? If "Yes," see instructions r	regarding required attach	ment	Yes X No
26	Is the pla	an required to pro	ovide a Schedule of Active I	Participants? If "Yes," see instructi	ions regarding required a	ttachment	Yes X No
27			4	r applicable code and see instructi		27	
P	art VII	Reconciliat	tion of Unpaid Minim	um Required Contributior	ns For Prior Years		
28	_			ears		28	
29				unpaid minimum required contribu		29	(
30	Remainir	ng amount of un	paid minimum required cont	ributions (line 28 minus line 29)		30	(
Pa	art VIII	Minimum R	Required Contribution	For Current Year			
31	Target n	ormal cost and e	excess assets (see instruction	ons):			
	a Target	normal cost (line	6)			31a	196473
	b Excess	s assets, if applic	cable, but not greater than I	ne 31a		31b	(
32	Amortiza	tion installments	K		Outstanding Bala	noe	Installment
	a Net sh	ortfall amortization	on installment			98810	16131
	b Waive	r amortization in	stallment			a	0
33	If a waive	er has been app		er the date of the ruling letter grant) and the waived amount		33	
34	Total fun	ding requiremen	t before reflecting carryove	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	212604
				Carryover balance	Prefunding balar	ce	Total balance
35			to offset funding			0	0
36						36	212604
	Contribu	tions allocated to	oward minimum required co	ntribution for current year adjusted	to valuation date (line	37	311490
38			contributions for current yes				
						38a	98886
				refunding and funding standard ca		38b	
39				ar (excess, if any, of line 36 over li		39	
						40	
330	rt IX	the state of the s		Pension Relief Act of 201)	
-	200000000000000000000000000000000000000		o use PRA 2010 funding re			-	
41							2 phys 7 years
	a Sched	uie elected					2 plus 7 years 15 years
	b Elioible	e nian vear(s) fo	r which the election in line 4	1a was made		200	08 2009 2010 2011

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 65-1072427 PN: 002

Stok Folk + Kon PA Cash Balance Plan

Weighted Average Retirement Age Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 63

Stok Folk + Kon PA Cash Balance Plan Employer ID# 65-1072427: Plan No. 002

Schedule SB (Form 5500) Part IV: Contributions and Liquidity Shortfalls

Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

18 Contributions made to the plan for the plan year by employer(s):

(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s)

04-16-2018 300,000.00 **Totals:** 300,000.00

Stok Folk + Kon PA Cash Balance Plan Employer ID# 65-1072427: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Rate

5.46%

Period

04-16-2018 to 12-31-2018

Adj Ctb

311,489.96

Totals:	300,000.00		311,489.96
Discounted employer	r contributions see ins	structions for small plan with a valuation date	after the beginning of the year
Contributions alloc	ated toward unpaid min	nimum required contribution from prior years	19a 0.00

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	311,489.96

Year

2018

Date

04-16-2018

Amount

300,000.00

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Plan Effective Date January 1, 2017

Plan Year From January 1, 2018 to December 31, 2018

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Excluding unions and non-resident aliens

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Cash Balance Contribution CreditThe plan provides the following cash balance contribution credits to participants based on their group classification:

Group 1: Robert Stok

\$153,247.50

Group 2: Joshua Kon

\$37,957.50

Group 3: Other Participants 2.5% of compensation

The maximum monthly benefit is the lesser of \$18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.

Salary based contribution credits are applied to current

compensation.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Credited years are plan years from the first day of the plan year

containing date of entry excluding the following:

Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death or retirement

a participant shall be entitled to a portion of the actuarial

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit Top-heavy minimum benefits are provided under another plan

of the employer

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued

benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of

the company. This plan is currently top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of

death

Cash Balance The annual Interest Crediting Rate for this plan year is 5.00%

Shortfall Amortization
Plan Year: 1/1/2018 to 12/31/2018
Valuation Date: 12/31/2018

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2018 Total	7-year	7	\$16,131 \$16,131	\$98,810 \$98,810
Shortfall Amortization C	harge (sum of installments	\$16,131		